FEC FORM 1

## STATEMENT OF ORGANIZATION

| FORM 1                        | ORGANIZ                                      | ATION  |                 |                                 |
|-------------------------------|--|--|-----------------|---------------------------------|
| 1 011111 1                    | (See instruction                             | ons)   |                 | Office use only                 |
| NAME OF COMMITTEE (in f       | (Check if name is changed)                   | Example: If typying, type over the lines       | 12FE4M5         |                                 |
| IUOE Engineer                 | s Political Education Committe               | e (EPEC)/International Ur                      | nion<br>        |                                 |
|                               |  |  |                 |                                 |
| ADDRESS (number and s         | treet) 1125 17th St, NW                      |  |                 |                                 |
| (Check if address             |  |  | 11111           |                                 |
| is changed)                   | Washington                                   |  | DC              | 20036   _                       |
|                               |  | CITY▲  | STATE▲          | ZIP CODE 🛦                      |
| COMMITTEE'S E-MAIL            | _ ADDRESS (Please provide only one e         | -mail address)                                 |                 |                                 |
| (Check if address is changed) | iloughry@iuoe.org                            |  |                 |                                 |
|                               |  |  |                 |                                 |
| COMMITTEE'S WEB F             | PAGE ADDRESS (URL)                           |  |                 |                                 |
| (Check if address             |  | <u> </u>                                       |                 |                                 |
| is changed)                   |  |  | 11111           |                                 |
| 2. DATE M_M                   | / D D / Y Y Y Y                              |  |                 |                                 |
| 0.7                           | 02 2009                                      |  |                 |                                 |
| 3. FEC IDENTIFICAT            | FION NUMBER                                  | C C00029504                                    |                 |                                 |
| 4. IS THIS STATEM             | ENT NEW (N) OR                               | X AMENDED (A)                                  |                 |                                 |
| I certify that I have examin  | ned this Statement and to the best of my kno | owledge and belief it is true, correc          | et and complete |                                 |
|                               | Mr. Christophor                              | I Hanloy                                       |                 |                                 |
| Type or Print Name of 1       | reasurer Mr. Christopher                     | о. пашеу                                       |                 |                                 |
| Signature of Treasurer        | Electronically Filed by Mr. Chris            | topher J. Hanley                               | Date 07         | 02 2009                         |
| NOTE: Submission of fals      | se, erroneous, or incomplete information ma  | ay subject the person signing this s           |                 |                                 |
| Office                        |  | For further informati                          |                 |                                 |
| Use<br>Only                   |  | Federal Election Comi<br>Toll Free 800-424-953 | mission         | FEC FORM 1<br>(Revised 02/2009) |

| FEC                         | Form 1 (Revised 02/2009)  |                                       |                        |                        | Page 2                              |
|-----------------------------|---|---------------------------------------|------------------------|------------------------|-------------------------------------|
|                             | OMMITTEE (Check One) Committee:   |                                       |                        |                        |                                     |
| (a)                         | This committee is a principal campaign co   | ommittee. (Complete th                | e candidate informati  | on below.)             |                                     |
| (b)                         | This committee is an authorized committee information below.)                           | ee, and is NOT a princi               | oal campaign commit    | ttee. (Complete the c  | andidate                            |
| Name of<br>Candidate        |   |                                       |                        |                        |                                     |
| Candidate<br>Party Affiliat | ion Office Sought:  | House                                 | Senate                 | President              | State District                      |
| (c)                         | This committee supports/opposes only on   | e candidate, and is NO                | T an authorized com    | mittee.                |                                     |
| Name of<br>Candidate        |   |                                       |                        |                        |                                     |
| Party Com                   | mittee:   |                                       | _                      |                        |                                     |
| (d)                         | This committee is a   | (National, State (or subordinate) con | nmittee of the         |                        | emocratic,<br>publican,etc.) Party. |
| Political Ac                | tion Committee (PAC):   |                                       |                        |                        |                                     |
| (e) X                       | This committee is a separate segregated f   | und. (Identify connecte               | d organization on line | e 6.) Its connected or | ganization is a:                    |
|                             | Corporation   | Corporation w/o                       | Capital Stock          | x Labor                | Organization                        |
|                             | Membership Organization   | Trade Associat                        | ion                    | Сооре                  | erative                             |
|                             | χ In addition, this committee is a  | Lobbyist/Registrant PA                | AC.                    |                        |                                     |
| (f)                         | This committee supports/opposes more the committee. (i.e., nonconnected committee)      |                                       | te, and is NOT a sep   | parate segregated fur  | nd or party                         |
|                             | In addition, this committee is a Lobby  | rist/Registrant PAC.                  |                        |                        |                                     |
|                             | In addition, this committee is a Leade  | ership PAC. (Identify sp              | onsor on line 6.)      |                        |                                     |
| Latert Francis              | ш   |                                       | ,                      |                        |                                     |
|                             | aising Representative:  |                                       |                        |                        |                                     |
| (g)                         | This committee collects contributions, pays committees/organizations, at least one of w |                                       |                        |                        | re political                        |
| (h)                         | This committee collects contributions, pays committees/organizations, none of which is  |                                       |                        |                        | ore political                       |
| Con                         | nmittees Participating in Joint Fundraiser  |                                       |                        |                        |                                     |
|                             | 1.  |                                       | FEC ID number          | С                      |                                     |
|                             | 2.  |                                       | FEC ID number          | С                      |                                     |
|                             | 3.  |                                       | FEC ID number          | С                      |                                     |
|                             | 4.  |                                       | FEC ID number          | С                      |                                     |

| FEC Form 1 (Revised 02)       | (2009)                                 |                                   | Page 3                       |
|-------------------------------|--|-----------------------------------|------------------------------|
| Write or Type Committee Name  |  |                                   |                              |
| IUOE Engineers Politica       | Education Committee (EPEC)/Ir          | nternational Union of Operati     | ing Engin                    |
| 6. Name of Any Connected Org  | anization, Affiliated Committee, Joint | Fundraising Representative, or L  | eadership PAC Sponsor        |
| I IIOE I OCAL OGE DEE         |  |                                   |                              |
| IUOE LOCAL 965 PEF            |  |                                   |                              |
|                               |  |                                   |                              |
| Mailing Address               | 3520 E COOK ST                         |                                   |                              |
|                               | <u>.</u>                               |                                   |                              |
|                               | SPRINGFIELD                            | I I <b>I I</b> I                  | 62703                        |
|                               |  |                                   |                              |
|                               | CITY                                   | STATE A                           | ZIP CODE A                   |
| Relationship:                 |  |                                   |                              |
| Connected Organization        | X Affiliated Committee                 | Joint Fundraising Representative  | Leadership PAC Sponsor       |
| 7. Custodian of Records: Ide  | ntify by name, address, (phone nun     | nber optional), and position (    | of the person in             |
| possession of Committee I     |  |                                   |                              |
| Full Name Mr. Joh             | n W, Loughry                           |                                   |                              |
| Mailing Address               | 12607 Shoal Creek T                    | errace                            |                              |
| •                             |  |                                   |                              |
|                               | Beltsville                             | MD                                | 20705 _                      |
| T'' B '' B                    | 0171/ 4                                |                                   |                              |
| Title or Position ▼  CFO      | CITY A                                 | STATE Telephone number 202        | ZIP CODE 1<br>2 - 778 - 2623 |
|                               |  | r elepriorie flumber              |                              |
| 8. Treasurer: List the name a | and address (phone number optic        | onal) of the treasurer of the cor | nmittee: and the             |
|                               | designated agent (e.g., assistant tr   |                                   | ,                            |
| Full Name                     |  |                                   |                              |
| of Treasurer Mr. Chr          | istopher J. Hanley                     |                                   |                              |
| Mailing Address               | 1125 17th ST, NW                       |                                   |                              |
|                               |  |                                   |                              |
|                               | WASHINGTON                             | DC                                | 20036 –                      |
| Title or Position ♥           | CITY A                                 | STATE <b>▲</b>                    | ZIP CODE A                   |
|                               |  |                                   |                              |

Telephone number

|    | FEC Form 1                          | (Revised 0     | 2/2009)         |                                |                               | Page 4             |
|----|-------------------------------------|----------------|-----------------|--------------------------------|-------------------------------|--------------------|
|    | Full Name of<br>Designated<br>Agent | _              |                 |                                |                               |                    |
|    | Mailing Address                     | 5              |                 |                                |                               |                    |
|    |                                     |                |                 |                                |                               |                    |
|    | Title or Position ▼                 |                |                 | CITY A                         | STATE ▲                       | ZIP CODE A         |
|    |                                     |                |                 | Tele                           | phone number                  |                    |
| 9. | Banks or Other I                    |                |                 | ther depositories in which the | committee deposits funds, hol | ds accounts, rents |
|    | Name of Bank, De                    | epository, etc | <b>.</b>        |                                |                               |                    |
|    |                                     | Sun T          | rust Bank       |                                |                               |                    |
|    | Mailing Address                     |                | Post Office Box | x 85024                        |                               |                    |
|    |                                     |                |                 |                                |                               |                    |
|    |                                     |                | Richmond        |                                | VA                            | 23285              |
|    |                                     |                |                 | CITY 🛕                         | STATE <b>⊿</b>                | ZIP CODE 🛕         |
|    | Name of Bank, De                    | epository, etc | <b>&gt;</b> .   |                                |                               |                    |
|    |                                     |                |                 |                                |                               |                    |
|    | Mailing Address                     |                |                 |                                |                               |                    |
|    |                                     |                |                 |                                |                               |                    |
|    |                                     |                |                 |                                |                               |                    |
|    |                                     |                |                 | CITY 🔼                         | STATE <b>△</b>                | ZIP CODE 🛕         |

Transaction ID:

| Banks or Other Depositories: safety deposit boxes or maintain: | List all banks or other depositories in which the committees funds. | ee deposits funds, ho | lds accounts, rents                  |
|--|---|-----------------------|--------------------------------------|
| Name of Bank, Depository, etc.                                 |   |                       | [ ADDITIONAL ]                       |
|  |   |                       |                                      |
| Mailing Address  |   |                       |                                      |
|  |   |                       |                                      |
|  |   |                       |                                      |
|  | CITY 🛕  | STATE <b>⊿</b>        | ZIP CODE 🛕                           |
| Name of Any Connected Orga                                     | nization, Affiliated Committee, Joint Fundraising Repr              | esentative, or Leade  | [ ADDITIONAL ]<br>ership PAC Sponsor |
| LOCAL 94-94A-94B IUOE  | POLITICAL ACTION COMMITTEE  |                       |                                      |
|  |   |                       |                                      |
| Mailing Address  | 331 - 337 W 44 ST   |                       |                                      |
|  | NEW YORK  | NY                    | 10036                                |
| Relationship:  | CITY▲   | STATE A               | ZIP CODE                             |
| Connected Organization   | X Affiliated Committee Joint Fundraising Repr                       | resentative Lea       | adership PAC Sponsor                 |
| Designated Agent   |   |                       | [ ADDITIONAL ]                       |
| Full Name  |   |                       |                                      |
| Mailing Address  |   |                       |                                      |
|  |   |                       |                                      |
|  |   |                       |                                      |
| Title or Position ▼  | CITY A  | STATE▲                | ZIP CODE A                           |
|  | Telephor  | ne number             |                                      |
| Joint Fundraiser Participant                                   |   |                       | [ ADDITIONAL ]                       |
|  | FEC   | C ID number           |                                      |

| Banks or Other Depositories: safety deposit boxes or maintain |   | mittee deposits funds, hold | s accounts, rents   |
|---|---|-----------------------------|---------------------|
| Name of Bank, Depository, etc.                                |   | [                           | ADDITIONAL ]        |
|   |   |                             |                     |
| Mailing Address   | <br>L   |                             |                     |
| ag / taa. ooo   | 1   |                             |                     |
|   |   |                             |                     |
|   |   |                             |                     |
|   | CITY 🗻  | STATE <b>⊿</b>              | ZIP CODE 🛕          |
| INTERNATIONAL UNION   | of OPERATING ENGINEERS LOCAL 139 FE  N27 W 23233 ROUNDY DRIVE |                             |                     |
| Mailing Address   |   |                             |                     |
|   | , PEWAUKEE  | \                           |                     |
|   | PEWAUKEE  | LWI L                       | 53072<br>           |
| lationship:   | CITY  | STATE A                     | ZIP CODE            |
| Connected Organization  | X Affiliated Committee Joint Fundraising R                    | Representative Lead         | lership PAC Sponsor |
| Designated Agent  |   |                             | [ ADDITIONAL ]      |
| Full Name   |   |                             |                     |
| Mailing Address   |   |                             |                     |
| Mailing Address   |   |                             |                     |
|   |   |                             |                     |
|   |   |                             |                     |
| Title or Position ▼   | CITY A  | STATE <b></b> ▲             | ZIP CODE A          |
|   | Telep   | phone number                |                     |
| Joint Fundrainer Partiainent                                  |   |                             | [ ADDITIONAL ]      |
| Joint Fundraiser Participant                                  |   |                             |                     |
|   |   | FEC ID number               |                     |

| Banks or Other Depositories: safety deposit boxes or maintain | List all banks or other depositories in which the committe s funds. | e deposits funds, ho | ds accounts, rents   |
|---|---|----------------------|----------------------|
| Name of Bank, Depository, etc.                                |   |                      | [ ADDITIONAL ]       |
|   |   |                      |                      |
| Mailing Address   |   |                      |                      |
|   |   |                      |                      |
|   |   |                      |                      |
|   | CITY 🛕  | STATE <b>⊿</b>       | ZIP CODE 🛕           |
| Name of Any Connected Orga                                    | nization, Affiliated Committee, Joint Fundraising Repre             | sentative, or Leade  | [ ADDITIONAL ]       |
| INTERNATIONAL UNION   | OF OPERATING ENGINEERS LOCAL 295 PAC                                |                      |                      |
|   |   |                      |                      |
| Mailing Address   | 61-04 MAURICE AVE   |                      |                      |
|   | , MASPETH   | NN/                  | 44070                |
|   | MASPEIN   | I LII L              | 11378<br>            |
| Relationship:   | CITY▲   | STATE A              | ZIP CODE             |
| Connected Organization  | X Affiliated Committee Joint Fundraising Repre                      | esentative Lea       | adership PAC Sponsor |
| Designated Agent  |   |                      | [ ADDITIONAL ]       |
| Full Name   |   |                      |                      |
| Mailing Address   |   |                      |                      |
|   |   |                      |                      |
|   |   |                      |                      |
| Title or Position ▼   | CITY A  | STATE₄               | ZIP CODE A           |
|   | Telephon  | e number             |                      |
| laint Eundusian Participant                                   |   | C HUITIDEI           | [ ADDITIONAL ]       |
| Joint Fundraiser Participant                                  | ===   | ID number C          |                      |
|   |   | ID number C          |                      |

| Banks or Other Depositories: safety deposit boxes or maintain |   | ommittee deposits funds, hold | s accounts, rents   |
|---|---|-------------------------------|---------------------|
| Name of Bank, Depository, etc.                                | 3.4   | [                             | ADDITIONAL ]        |
|   |   |                               |                     |
| Mailing Address   |   |                               |                     |
|   |   |                               |                     |
|   |   |                               |                     |
|   | CITY 🛕  | STATE <b>⊿</b>                | ZIP CODE 🛕          |
| Name of Any Connected Over                                    | nization, Affiliated Committee, Joint Fundraising | Panyagantativa ay Landay      | [ ADDITIONAL ]      |
|   | NAL UNION OF OPERATING ENGINEERS                  | -                             |                     |
| 1   |   |                               |                     |
|   |   |                               |                     |
| Mailing Address   | 763 W JACKSON BLVD                                |                               |                     |
|   |   |                               |                     |
|   | CHICAGO   |                               | 60661               |
| Relationship:   | CITY▲   | STATE ▲                       | ZIP CODE            |
| Connected Organization  | X Affiliated Committee Joint Fundraising          | g Representative Lead         | lership PAC Sponsor |
| Designated Agent  |   |                               | [ ADDITIONAL ]      |
| Full Name   |   |                               |                     |
| Mailing Address   |   |                               |                     |
| -   |   |                               |                     |
|   |   |                               | _                   |
| Title or Position ▼   | CITY A  | STATE∡                        | ZIP CODE A          |
|   |   |                               |                     |
|   | Te  | elephone number               |                     |
| Joint Fundraiser Participant                                  |   |                               | [ ADDITIONAL ]      |
|   |   | FEC ID number                 |                     |

| Banks or Other Depositories<br>safety deposit boxes or maintain |   | e deposits funds, ho | olds accounts, rents |
|---|---|----------------------|----------------------|
| Name of Bank, Depository, etc                                   |   |                      | [ ADDITIONAL ]       |
|   |   |                      |                      |
| Mailing Address   | 1   |                      |                      |
|   |   |                      |                      |
|   |   |                      |                      |
|   |   |                      |                      |
|   | CITY 🛕  | STATE <b>⊿</b>       | ZIP CODE 🛕           |
| Name of Any Connected Ord                                       | ganization, Affiliated Committee, Joint Fundraising Repre | sentative or Lead    | [ ADDITIONAL         |
|   | AL 3 ENDORSED CANDIDATES                                  | semanve, or Lead     | cramp i Ao oponsoi   |
|   |   |                      |                      |
|   |   |                      |                      |
| Mailing Address   | 1620 SOUTH LOOP ROAD                                      |                      |                      |
|   |   |                      |                      |
|   | ALAMEDA   | CA                   | 94501                |
|   |   |                      |                      |
| elationship:  | CITY  | STATE A              | ZIP CODE A           |
| Connected Organization  | X Affiliated Committee Joint Fundraising Repre            | esentative Le        | adership PAC Sponsor |
| Designated Agent  |   |                      | [ ADDITIONAL ]       |
| Full Name   |   |                      |                      |
|   |   |                      |                      |
| Mailing Address   |   |                      |                      |
|   |   |                      |                      |
|   |   |                      |                      |
| Title or Position ▼   | CITY A  | STATE. ▲             | ZIP CODE A           |
|   |   |                      |                      |
|   | Telephon  | e number             |                      |
| Joint Fundraiser Participant                                    |   | _                    | [ ADDITIONAL ]       |
|   | FEC   | ID number C          |                      |

| Banks or Other Depositories: safety deposit boxes or maintains | List all banks or other depositories in which the cor | mmittee deposits funds, hold | s accounts, rents  |
|--|---|------------------------------|--------------------|
| Name of Bank, Depository, etc.                                 | Turios.   | [                            | ADDITIONAL ]       |
|  |   |                              |                    |
| Mailing Address  |   |                              |                    |
| L  |   |                              |                    |
| L  |   |                              |                    |
|  | CITY 🛕  | STATE_                       | ZIP CODE 🛕         |
|  | nization, Affiliated Committee, Joint Fundraising I   | -                            |                    |
|  | <u> </u>  |                              |                    |
| Mailing Address  | 16 TROTTER DRIVE                                      |                              |                    |
|  | MEDWAY  |                              | 02053              |
| Relationship:  | CITY  | STATE A                      | ZIP CODE           |
| Connected Organization   | X Affiliated Committee Joint Fundraising              | Representative Lead          | ership PAC Sponsor |
| Designated Agent   |   |                              | [ ADDITIONAL ]     |
| Full Name  |   |                              |                    |
| Mailing Address  |   |                              |                    |
|  |   |                              |                    |
|  |   |                              |                    |
| Title or Position ♥  | CITY A  | STATE <b></b> ▲              | ZIP CODE A         |
|  | Tele  | ephone number                |                    |
| Joint Fundraiser Participant                                   |   |                              | [ ADDITIONAL ]     |
|  |   | FEC ID number C              |                    |

| Banks or Other Depositorions safety deposit boxes or maint |   | ittee deposits funds, hold | s accounts, rents             |
|--|---|----------------------------|-------------------------------|
| Name of Bank, Depository, e                                |   | ĺ                          | ADDITIONAL ]                  |
|  |   |                            |                               |
| Mailing Address  |   |                            |                               |
|  |   |                            |                               |
|  |   |                            |                               |
|  |   |                            |                               |
|  | CITY 🛕  | STATE₄                     | ZIP CODE A                    |
| Name of Any Connected O                                    | rganization, Affiliated Committee, Joint Fundraising Re | oresentative, or Leader    | [ ADDITIONAL ship PAC Sponsor |
| OPERATING ENGINEE  | RS LOCAL 12 VOLUNTARY LEGISLATIVE FUND                  | )                          |                               |
|  |   |                            | <u> </u>                      |
| Mailing Address  | 150 EAST CORSON STREET                                  |                            |                               |
|  |   |                            |                               |
|  | PASADENA  | LA                         | 91103                         |
| lationship:  | CITY▲   | STATE A                    | ZIP CODE                      |
| Connected Organization                                     | X Affiliated Committee Joint Fundraising Re             | presentative Lead          | dership PAC Sponsor           |
| Designated Agent   |   |                            | [ ADDITIONAL ]                |
| Full Name  |   |                            |                               |
|  |   |                            |                               |
| Mailing Address  | -   |                            |                               |
|  |   |                            |                               |
|  |   |                            |                               |
| Title or Position ▼  | CITY 🛦  | STATE.▲                    | ZIP CODE A                    |
|  | Talank  |                            |                               |
|  |   | one number                 | [ ADDITIONAL ]                |
| Joint Fundraiser Participar                                | nt  |                            | [ ADDITIONAL ]                |
|  | F   | EC ID number C             |                               |

| Banks or Other Depositories:<br>safety deposit boxes or maintains | List all banks or other depositories in which the committee                                       | deposits funds, ho | olds accounts, rents  |
|---|---|--------------------|-----------------------|
| Name of Bank, Depository, etc.                                    | , 101005  |                    | [ ADDITIONAL ]        |
|   |   |                    |                       |
| Mailing Address   |   | 1 1 1 1 1          |                       |
| [   |   | 1 1 1 1 1          |                       |
|   |   |                    |                       |
|   | CITY 🗖  | STATE. <b>△</b>    | ZIP CODE 🛕            |
|   | nization, Affiliated Committee, Joint Fundraising Repress OF OPERATING ENGINEERS LOCAL 14-14B VOL |                    |                       |
|   |   |                    |                       |
| Mailing Address   | 141 - 57 NORTHERN BOULEVARD   |                    |                       |
|   | FLUSHING  | NY                 | 11354<br>             |
| Relationship:   | CITY▲   | STATE A            | ZIP CODE              |
| Connected Organization  | X Affiliated Committee Joint Fundraising Repres   | entative Le        | eadership PAC Sponsor |
| Designated Agent  |   |                    | [ ADDITIONAL ]        |
| Full Name   |   |                    |                       |
| Mailing Address   |   |                    |                       |
|   |   |                    |                       |
|   |   |                    |                       |
| Title or Position ▼   | CITY A  | STATE <b>∆</b>     | ZIP CODE A            |
|   | Telephone   | number             |                       |
| Joint Fundraiser Participant                                      |   |                    | [ ADDITIONAL ]        |
|   | FEC II  | D number C         |                       |

| Banks or Other Depositories: safety deposit boxes or maintains | List all banks or other depositories in which the cor | mmittee deposits funds, hold | ds accounts, rents  |
|--|---|------------------------------|---------------------|
| Name of Bank, Depository, etc.                                 | 74.100.   |                              | [ ADDITIONAL ]      |
|  |   |                              |                     |
| Mailing Address  |   |                              |                     |
|  |   |                              |                     |
| l  |   |                              |                     |
|  | CITY 🗖  | STATE. <b>△</b>              | ZIP CODE 🛕          |
|  | nization, Affiliated Committee, Joint Fundraising F   | Representative, or Leader    | [ ADDITIONAL ]      |
|  |   |                              |                     |
| Mailing Address  | 265 WEST 14TH STREET                                  |                              |                     |
|  | NEW YORK  | NY                           | 10011               |
| Relationship:  | CITY▲   | STATE A                      | ZIP CODE ▲          |
| Connected Organization   | X Affiliated Committee Joint Fundraising              | Representative Lea           | dership PAC Sponsor |
| Designated Agent   |   |                              | [ ADDITIONAL ]      |
| Full Name  |   |                              |                     |
| Mailing Address  |   |                              |                     |
|  |   |                              |                     |
|  |   |                              |                     |
| Title or Position ▼  | CITY A  | STATE <b></b> ₄              | ZIP CODE A          |
|  | Tele  | ephone number                |                     |
| Joint Fundraiser Participant                                   |   | -                            | [ ADDITIONAL ]      |
|  |   | FEC ID number                |                     |

| Banks or Other Depositories<br>safety deposit boxes or maintain |  | ee deposits funds, hold | ds accounts, rents                           |
|---|--|-------------------------|--|
| Name of Bank, Depository, etc.                                  |  |                         | [ ADDITIONAL ]                               |
|   |  |                         |  |
| Mailing Address   |  |                         |  |
|   |  |                         |  |
|   |  |                         |  |
|   |  |                         |  |
|   | CITY 🛕   | STATE                   | ZIP CODE 🛕                                   |
| Name of Any Connected Org                                       | anization, Affiliated Committee, Joint Fundraising Repre | esentative or Leader    | [ ADDITIONAL                                 |
|   | OF OPERATING ENGINEERS/LOCAL 17 POLITI                   |                         |  |
|   |  |                         | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |
|   |  |                         |  |
| Mailing Address   | 5959 VARSAILLES ROAD                                     |                         |  |
|   |  |                         | <u> </u>                                     |
|   | LAKEVIEW   | NY                      | 14085  |
|   |  |                         |  |
| elationship:  | CITY   | STATE A                 | ZIP CODE                                     |
| Connected Organization  | X Affiliated Committee Joint Fundraising Repr            | esentative Lea          | dership PAC Sponsor                          |
| Designated Agent  |  |                         | [ ADDITIONAL ]                               |
| Full Name   |  |                         |  |
| Mailing Address   |  |                         |  |
| Mailing Address   |  |                         |  |
|   |  |                         |  |
|   |  |                         |  |
| Title or Position ▼   | CITY A   | STATE₄                  | ZIP CODE A                                   |
|   |  |                         |  |
|   | Telephor   | e number                |  |
| Joint Fundraiser Participant                                    |  |                         | [ ADDITIONAL ]                               |
|   |  | CID number C            |  |

| Banks or Other Depositories: safety deposit boxes or maintain | List all banks or other depositories in which the committee | deposits funds, ho | olds accounts, rents |
|---|---|--------------------|----------------------|
| Name of Bank, Depository, etc.                                |   |                    | [ ADDITIONAL ]       |
|   |   |                    |                      |
| Mailing Address   |   |                    |                      |
|   |   |                    |                      |
|   |   |                    |                      |
|   | CITY 🛕  | STATE. <b>△</b>    | ZIP CODE 🛕           |
| Name of Any Connected Organ                                   | nization, Affiliated Committee, Joint Fundraising Represe   | entative or Lead   | [ ADDITIONAL ]       |
|   | PATTERNS, POLITICAL ARM INTL UNION OPERA                    |                    |                      |
|   |   |                    |                      |
| Mailing Address   | 3515 PROSPECT AVENUE  |                    |                      |
|   |   |                    |                      |
|   | CLEVELAND   | OH                 | 44115                |
|   | CITY  | STATE A            | ZIP CODE A           |
| Relationship: Connected Organization                          | X Affiliated Committee Joint Fundraising Represe            |                    | adership PAC Sponsor |
|   |   |                    | [ ADDITIONAL ]       |
| Designated Agent  |   |                    |                      |
| Full Name   |   |                    |                      |
| Mailing Address   |   |                    |                      |
|   |   |                    |                      |
|   |   |                    |                      |
| Title or Position ▼   | CITY A  | STATE              | ZIP CODE A           |
|   | Telephone   | number             |                      |
| Joint Fundraiser Participant                                  | <u>'</u>  |                    | [ ADDITIONAL ]       |
|   |   | D number C         |                      |
|   |   |                    |                      |

| Banks or Other Depositories: safety deposit boxes or maintain |   | ee deposits funds, hol | ds accounts, rents  |
|---|---|------------------------|---------------------|
| Name of Bank, Depository, etc.                                |   |                        | [ ADDITIONAL ]      |
|   |   |                        |                     |
| Mailing Address   |   |                        |                     |
|   |   |                        |                     |
|   |   |                        |                     |
|   | CITY 🗻  | STATE <b>△</b>         | ZIP CODE 🛕          |
|   | anization, Affiliated Committee, Joint Fundraising Repr |                        |                     |
|   |   |                        |                     |
| Mailing Address   | 115-06 MYRTLE AVENUE                                    |                        |                     |
|   | RICHMOND HILL   | NY L                   | 11418               |
| ationship:  | CITY  | STATE A                | ZIP CODE            |
| Connected Organization  | X Affiliated Committee Joint Fundraising Repr           | esentative Lea         | dership PAC Sponsor |
| Designated Agent  |   |                        | [ ADDITIONAL ]      |
| Full Name   |   | 1 1 1 1 1 1 1          |                     |
| Mailing Address   |   |                        |                     |
|   |   |                        |                     |
|   |   |                        |                     |
| Title or Position ▼   | CITY A  | STATE▲                 | ZIP CODE A          |
|   | Telephoi  | ne number              |                     |
| Joint Fundraiser Participant                                  |   |                        | [ ADDITIONAL ]      |
| [   | FE(   | C ID number C          |                     |

| Banks or Other Depositories<br>safety deposit boxes or maintain |  | e deposits funds, h | olds accounts, rents  |
|---|--|---------------------|-----------------------|
| Name of Bank, Depository, etc.                                  |  |                     | [ ADDITIONAL ]        |
|   |  |                     |                       |
| Mailing Address   |  | 1 1 1 1 1 1         |                       |
|   |  |                     |                       |
|   |  | .   .               |                       |
|   |  |                     |                       |
|   | CITY 🗖   | STATE <b>⊿</b>      | ZIP CODE A            |
| Name of Any Connected Org                                       | anization, Affiliated Committee, Joint Fundraising Repre | sentative or Lead   | [ ADDITIONAL          |
|   | OF OPERATING ENGINEERS LOCAL 49 PACIU                    |                     |                       |
|   |  | <u> </u>            |                       |
|   |  |                     |                       |
| Mailing Address   | 2829 ANTHONY LANE SOUTH                                  |                     |                       |
|   |  |                     |                       |
|   | MINNEAPOLIS  | MN                  | 55418                 |
|   |  |                     |                       |
| elationship:  | CITY▲  | STATE A             | ZIP CODE 🛦            |
| Connected Organization  | X Affiliated Committee Joint Fundraising Repre           | sentative Le        | eadership PAC Sponsor |
| Designated Agent  |  |                     | [ ADDITIONAL ]        |
| Full Name   |  |                     | <u> </u>              |
| Mailing Address   |  |                     |                       |
| Mailing Address   |  |                     |                       |
|   |  |                     |                       |
|   |  |                     |                       |
| Title or Position ▼   | CITY A   | STATE <b></b> ▲     | ZIP CODE A            |
|   |  |                     |                       |
|   | Telephone  | e number            |                       |
| Joint Fundraiser Participant                                    |  |                     | [ ADDITIONAL ]        |
|   | FEC  | ID number C         |                       |

| Banks or Other Depositories: safety deposit boxes or maintains | List all banks or other depositories in which the committee | e deposits funds, ho | olds accounts, rents |
|--|---|----------------------|----------------------|
| Name of Bank, Depository, etc.                                 | , rando.  |                      | [ ADDITIONAL ]       |
|  |   |                      |                      |
| Mailing Address  |   |                      |                      |
|  |   |                      |                      |
|  |   |                      |                      |
|  | CITY 🛕  | STATE <b>⊿</b>       | ZIP CODE 🛕           |
|  | nization, Affiliated Committee, Joint Fundraising Repre     |                      |                      |
|  |   |                      |                      |
| Mailing Address  | 11 FAIRFIELD PLACE  |                      |                      |
|  | WEST CALDWELL   | NJ L                 | 07006                |
| Relationship:  | CITY  | STATE A              | ZIP CODE             |
| Connected Organization   | X Affiliated Committee Joint Fundraising Repre              | esentative Le        | adership PAC Sponsor |
| Designated Agent   |   |                      | [ ADDITIONAL ]       |
| Full Name  |   |                      |                      |
| Mailing Address  |   |                      |                      |
|  |   |                      |                      |
|  |   |                      |                      |
| Title or Position ▼  | CITY A  | STATE▲               | ZIP CODE A           |
|  | Telephone   | e number             |                      |
| Joint Fundraiser Participant                                   |   |                      | [ ADDITIONAL ]       |
| L  | FEC   | ID number C          |                      |

| Banks or Other Depositories<br>safety deposit boxes or maintai |  | mittee deposits funds, hold | s accounts, rents   |
|--|--|-----------------------------|---------------------|
| Name of Bank, Depository, etc.                                 |  | ſ                           | ADDITIONAL ]        |
|  |  |                             |                     |
| Mailing Address  |  |                             |                     |
| . <b>3</b>   |  |                             |                     |
|  |  |                             |                     |
|  |  |                             |                     |
|  | CITY 🗖   | STATE <b>⊿</b>              | ZIP CODE 🛕          |
|  | ganization, Affiliated Committee, Joint Fundraising Re | epresentative, or Leader    | [ ADDITIONAL ]      |
|  | LA OFINTED COURSE (D.C. DOV. 047                       |                             |                     |
| Mailing Address  | 2 CENTER SQUARE / P.O. BOX 217                         |                             |                     |
|  |  |                             |                     |
|  | EAST LONGMEADOW  | L L L                       | 01028               |
| elationship:   | CITY▲  | STATE A                     | ZIP CODE            |
| Connected Organization   | X Affiliated Committee Joint Fundraising R             | epresentative Lead          | dership PAC Sponsor |
| Designated Agent   |  |                             | [ ADDITIONAL ]      |
| Full Name  |  |                             |                     |
| Mailing Address  |  |                             |                     |
| Mailing Address  |  |                             |                     |
|  |  |                             |                     |
|  |  |                             |                     |
| Title or Position ▼  | CITY A   | STATE <b></b> ▲             | ZIP CODE A          |
|  |  | hone number                 |                     |
| loint Eundroiser Pertisinent                                   |  |                             | [ ADDITIONAL ]      |
| Joint Fundraiser Participant                                   | 1  |                             |                     |
|  |  | FEC ID number               |                     |

| safety deposit boxes or maintai                                      | ins funds.   |                      |                                      |
|--|--|----------------------|--------------------------------------|
| Name of Bank, Depository, etc  |  |                      | [ ADDITIONAL ]                       |
|  |  |                      |                                      |
| Mailing Address  |  |                      |                                      |
|  |  |                      |                                      |
|  |  |                      |                                      |
|  | CITY 🗖   | STATE <b>⊿</b>       | ZIP CODE 🛕                           |
|  | CITY Z   | SIAIEZ               | [ ADDITIONAL                         |
| Name of Any Connected Org  | ganization, Affiliated Committee, Joint Fundraising Repi | resentative, or Lead | <del>-</del>                         |
| INTERNATIONAL UNION  | N OF OPERATING ENGINEERS LOCAL 99 COMM                   | WITTEE FOR POL       | ITICAL EDUCATION                     |
|  |  |                      |                                      |
|  | 2461 WISCONSIN AVENUE, NW                                |                      |                                      |
| Mailing Address  | 2401 WISCONSIN AVENUE, NW                                |                      |                                      |
|  |  |                      |                                      |
|  | WASHINGTON   | _ L_L [              | 20007                                |
|  |  |                      |                                      |
| ali a malaim.  | CITY▲  | STATE A              | ZIP CODE                             |
| ationship: Connected Organization                                    |  |                      |                                      |
| Connected Organization   | CITY Joint Fundraising Rep                               |                      | adership PAC Sponsor                 |
| •  |  |                      |                                      |
| Connected Organization   |  |                      | adership PAC Sponsor                 |
| Connected Organization  Designated Agent                             |  |                      | adership PAC Sponsor                 |
| Connected Organization  Designated Agent  Full Name                  |  |                      | adership PAC Sponsor                 |
| Connected Organization  Designated Agent  Full Name                  |  |                      | adership PAC Sponsor                 |
| Connected Organization  Designated Agent  Full Name  Mailing Address | X Affiliated Committee Joint Fundraising Rep             | resentative Le       | adership PAC Sponsor  [ ADDITIONAL ] |
| Connected Organization  Designated Agent  Full Name                  |  |                      | adership PAC Sponsor                 |
| Connected Organization  Designated Agent  Full Name  Mailing Address | X Affiliated Committee Joint Fundraising Rep             | resentative Le       | adership PAC Sponsor  [ ADDITIONAL ] |
| Connected Organization  Designated Agent  Full Name  Mailing Address | X Affiliated Committee Joint Fundraising Rep             | STATE &              | adership PAC Sponsor  [ ADDITIONAL ] |

| Banks or Other Depositories safety deposit boxes or maintain |  | ittee deposits funds, hol | ,                   |
|--|--|---------------------------|---------------------|
| Name of Bank, Depository, etc.                               |  |                           | [ ADDITIONAL ]      |
|  |  |                           |                     |
| Mailing Address  | 1  |                           |                     |
|  |  |                           |                     |
|  |  |                           |                     |
|  | OITV -   | CTATE -                   | 7ID 00DE -          |
|  | CITY 🛕   | STATE.                    | ZIP CODE 🛕          |
|  | anization, Affiliated Committee, Joint Fundraising Rep |                           |                     |
| INTERNATIONAL UNION  | OF OPERATING ENGINEERS - LOCAL 101 PC                  | DLITICAL ACTION (         | COMMITTEE           |
|  |  |                           |                     |
|  | 6601 WINCHESTER AVENUE - SUITE 280                     |                           |                     |
| Mailing Address  |  |                           |                     |
|  | , KANSAS CITY  | •••                       | 04400               |
|  | RANSAS CITY  |                           | 64133<br>           |
| ationship:   | CITY▲  | STATE A                   | ZIP CODE            |
| Connected Organization                                       | X Affiliated Committee Joint Fundraising Re            | presentative Lea          | dership PAC Sponsor |
| Designated Agent   |  |                           | [ ADDITIONAL ]      |
| Full Name  |  |                           |                     |
| ruii Naille <u>L.                                      </u>  |  |                           |                     |
| Mailing Address  |  |                           |                     |
|  |  |                           |                     |
|  |  |                           |                     |
|  |  |                           |                     |
| Title or Position ♥  | CITY A   | STATE &                   | ZIP CODE A          |
| Title or Position ▼  | CITY &   | STATE &                   | ZIP CODE A          |
| Title or Position ♥  |  | STATE &                   | ZIP CODE 4          |
| Title or Position ▼  Joint Fundraiser Participant            |  |                           | ZIP CODE &          |

| Banks or Other Depositories: safety deposit boxes or maintains | List all banks or other depositories in which the committee | deposits funds, ho | olds accounts, rents |
|--|---|--------------------|----------------------|
| Name of Bank, Depository, etc.                                 |   |                    | [ ADDITIONAL ]       |
|  |   |                    |                      |
| Mailing Address  |   |                    |                      |
|  |   | 1 1 1 1 1          |                      |
|  |   |                    |                      |
|  | CITY 🗖  | STATE <b>⊿</b>     | ZIP CODE 🛕           |
|  | nization, Affiliated Committee, Joint Fundraising Repres    |                    |                      |
|  |   |                    |                      |
| Mailing Address  | 3535 HARRIS ROAD  |                    |                      |
|  | FORT WAYNE  | in [               | 46808<br>            |
| Relationship:  | CITY▲   | STATE A            | ZIP CODE             |
| Connected Organization   | X Affiliated Committee Joint Fundraising Repres             | entative Le        | adership PAC Sponsor |
| Designated Agent   |   |                    | [ ADDITIONAL ]       |
| Full Name  |   |                    |                      |
| Mailing Address  |   |                    |                      |
|  |   |                    |                      |
|  |   |                    |                      |
| Title or Position ▼  | CITY A  | STATE <b> ∆</b>    | ZIP CODE A           |
|  | Telephone   | number             |                      |
| Joint Fundraiser Participant                                   |   |                    | [ ADDITIONAL ]       |
|  | FEC I   | D number C         |                      |

| Banks or Other Depositories: safety deposit boxes or maintains | List all banks or other depositories in which the committee | e deposits funds, ho | olds accounts, rents  |
|--|---|----------------------|-----------------------|
| Name of Bank, Depository, etc.                                 | Tallas.   |                      | [ ADDITIONAL ]        |
|  |   |                      |                       |
| Mailing Address  |   |                      |                       |
|  |   |                      |                       |
|  |   |                      |                       |
|  | CITY 🗖  | STATE. <b>△</b>      | ZIP CODE 🛕            |
|  | nization, Affiliated Committee, Joint Fundraising Repres    |                      |                       |
|  |   |                      |                       |
| Mailing Address  | 44 HANNAY LANE  |                      |                       |
|  | GLENMONT  | NY                   | 12077                 |
| Relationship:  | CITY  | STATE A              | ZIP CODE              |
| Connected Organization   | X Affiliated Committee Joint Fundraising Repres             | sentative Le         | eadership PAC Sponsor |
| Designated Agent   |   |                      | [ ADDITIONAL ]        |
| Full Name  |   |                      |                       |
| Mailing Address  |   |                      |                       |
|  |   |                      |                       |
|  |   |                      | ÷                     |
| Title or Position ▼  | CITY A  | STATE₄               | ZIP CODE A            |
|  | Telephone   | number               |                       |
| Joint Fundraiser Participant                                   |   |                      | [ ADDITIONAL ]        |
| L  | FEC   | ID number C          |                       |

| Banks or Other Depositories<br>safety deposit boxes or maintain |  | e deposits funds, h | nolds accounts, rents            |
|---|--|---------------------|----------------------------------|
| Name of Bank, Depository, etc.                                  |  |                     | [ ADDITIONAL ]                   |
|   |  |                     |                                  |
| Mailing Address   |  | 1 1 1 1 1 1         |                                  |
|   |  |                     |                                  |
|   |  |                     |                                  |
|   |  |                     |                                  |
|   | CITY 🛕   | STATE. <b>△</b>     | ZIP CODE 🛕                       |
| Name of Any Connected Org                                       | anization, Affiliated Committee, Joint Fundraising Repre | sentative, or Lea   | [ ADDITIONAL dership PAC Sponsor |
|   | OF OPERATING ENGINEERS - LOCAL 137 PAC                   |                     |                                  |
|   |  |                     |                                  |
|   | . 4000 DI FACANTIVI I E DOAD                             |                     |                                  |
| Mailing Address   | 1360 PLEASANTVILLE ROAD                                  |                     |                                  |
|   |  |                     |                                  |
|   | BRIARCLIFF MANOR   | NY                  | 10510                            |
| elationship:  | CITY▲  | STATE A             | ZIP CODE                         |
| Connected Organization  | X Affiliated Committee Joint Fundraising Repre           | sentative L         | eadership PAC Sponsor            |
| Designated Agent  |  |                     | [ ADDITIONAL ]                   |
| 1   |  |                     |                                  |
| Full Name   |  |                     |                                  |
| Mailing Address   |  |                     |                                  |
|   |  |                     |                                  |
|   |  |                     |                                  |
| Title or Position ▼   | CITY A   | STATE▲              | ZIP CODE A                       |
|   | <del>-</del> • •   |                     |                                  |
|   | Telephone  | e number            | [ ADDITIONAL ]                   |
| Joint Fundraiser Participant                                    |  |                     |                                  |
|   | FEC  | ID number C         | <u> </u>                         |

| Banks or Other Depositories: safety deposit boxes or maintain | List all banks or other depositories in which the committees funds | deposits funds, ho | olds accounts, rents  |
|---|--|--------------------|-----------------------|
| Name of Bank, Depository, etc.                                |  |                    | [ ADDITIONAL ]        |
|   |  |                    |                       |
| Mailing Address   |  | 1 1 1 1 1          |                       |
|   |  | 1 1 1 1 1          |                       |
|   |  |                    |                       |
|   | CITY 🗻   | STATE. <b>△</b>    | ZIP CODE 🛕            |
| Name of Any Connected Organ                                   | nization, Affiliated Committee, Joint Fundraising Repres           | ontativo or Load   | [ ADDITIONAL ]        |
|   | INTERNATIONAL UNION OF OPERATING ENGIN                             |                    |                       |
| 1   |  |                    |                       |
|   | . D.C. DOV 000 / 407 04774 DOUI EVADD                              |                    |                       |
| Mailing Address   | P.O. BOX 206 / 137 GAZZA BOULEVARD                                 |                    |                       |
|   |  |                    |                       |
|   | FARMINGDALE  | L NY               | 11735<br>             |
| Relationship:   | CITY   | STATE A            | ZIP CODE              |
| Connected Organization  | X Affiliated Committee Joint Fundraising Repres                    | entative Le        | eadership PAC Sponsor |
| Designated Agent  |  |                    | [ ADDITIONAL ]        |
| Full Name   |  |                    |                       |
|   |  |                    |                       |
| Mailing Address   |  |                    |                       |
|   |  |                    |                       |
|   |  |                    |                       |
| Title or Position ▼   | CITY A   | STATE <b></b> ▲    | ZIP CODE A            |
|   | Telephone  | number             |                       |
| Joint Fundraiser Participant                                  | <u> </u>   |                    | [ ADDITIONAL ]        |
|   |  | D number C         |                       |
|   |  | ilullibel •        |                       |

| Banks or Other Depositories: safety deposit boxes or maintains | List all banks or other depositories in which the committee | e deposits funds, ho | olds accounts, rents              |
|--|---|----------------------|-----------------------------------|
| Name of Bank, Depository, etc.                                 | s range.  |                      | [ ADDITIONAL ]                    |
|  |   |                      |                                   |
| Mailing Address  |   | 1 1 1 1 1            |                                   |
|  |   |                      |                                   |
| I  |   |                      |                                   |
|  | CITY 🗻  | STATE <b>⊿</b>       | ZIP CODE 🛕                        |
| Name of Any Connected Orga                                     | nization, Affiliated Committee, Joint Fundraising Repre     | sentative, or Lead   | [ ADDITIONAL ] ership PAC Sponsor |
| INTERNATIONAL UNION  | OF OPERATING ENGINEERS LOCAL 150 POLIT                      | ICAL ACTION C        | OMMITTEE                          |
|  |   |                      |                                   |
| Mailing Address  | 6200 JOLIET ROAD  |                      |                                   |
|  |   |                      |                                   |
|  | COUNTRYSIDE   | ا لـلـا              | 60525<br>                         |
| Relationship:  | CITY▲   | STATE A              | ZIP CODE                          |
| Connected Organization   | X Affiliated Committee Joint Fundraising Repre              | sentative Le         | eadership PAC Sponsor             |
| Designated Agent   |   |                      | [ ADDITIONAL ]                    |
| Full Name  |   |                      |                                   |
| Mailing Address  |   |                      |                                   |
|  |   |                      |                                   |
|  |   |                      |                                   |
| Title or Position ▼  | CITY A  | STATE₄               | ZIP CODE A                        |
|  | Telephone   | e number             |                                   |
| Joint Fundraiser Participant                                   |   |                      | [ ADDITIONAL ]                    |
|  | FEC   | ID number C          |                                   |

| Banks or Other Depositories: safety deposit boxes or maintains | List all banks or other depositories in which the committees funds. | e deposits funds, ho | lds accounts, rents  |
|--|---|----------------------|----------------------|
| Name of Bank, Depository, etc.                                 | 3.6   |                      | [ ADDITIONAL ]       |
|  |   |                      |                      |
| Mailing Address  |   |                      |                      |
|  |   |                      |                      |
|  |   |                      |                      |
|  | CITY 🗖  | STATE <b>⊿</b>       | ZIP CODE 🛕           |
|  | nization, Affiliated Committee, Joint Fundraising Repre             |                      |                      |
| INTERNATIONAL UNION  | OF OPERATING ENGINEERS LOCAL #302 VOL                               | UNTARY POLITI        | CALFUND              |
|  |   |                      |                      |
| Mailing Address  | 18701 120TH AVENUE NE   |                      |                      |
|  |   |                      |                      |
|  | BOTHELL   | LLL L                | 98011                |
| Relationship:  | CITY▲   | STATE A              | ZIP CODE             |
| Connected Organization   | X Affiliated Committee Joint Fundraising Repre                      | sentative Lea        | adership PAC Sponsor |
| Designated Agent   |   |                      | [ ADDITIONAL ]       |
| Full Name  |   |                      |                      |
| Mailing Address  |   |                      |                      |
| -  |   |                      |                      |
|  |   |                      | _                    |
| Title or Position ▼  | CITY A  | STATE <b>&amp;</b>   | ZIP CODE A           |
| Title of Position \  | CHTA  | SIAIE                | ZIP CODE A           |
|  | Telephone   | e number             |                      |
| Joint Fundraiser Participant                                   |   |                      | [ ADDITIONAL ]       |
|  | , , , , , , , , , , , , , , , , , , ,                               | ID number C          |                      |

| Banks or Other Depositories: safety deposit boxes or maintains | List all banks or other depositories in which the committee funds | deposits funds, hol | ds accounts, rents               |
|--|---|---------------------|----------------------------------|
| Name of Bank, Depository, etc.                                 |   |                     | [ ADDITIONAL ]                   |
|  |   |                     |                                  |
| Mailing Address  |   |                     |                                  |
|  |   |                     |                                  |
| L  |   |                     |                                  |
|  | CITY 🛕  | STATE               | ZIP CODE 🛕                       |
| Name of Any Connected Organ                                    | nization, Affiliated Committee, Joint Fundraising Represe         | entative, or Leade  | [ ADDITIONAL ] rship PAC Sponsor |
| INTERNATIONAL UNION (  | OF OPERATING ENGINEERS LOCAL 324 NATION                           | IAL POLITICAL       | ACTIVITIES COMMI                 |
|  |   | <u> </u>            |                                  |
| Mailing Address  | 37450 SCHOOLCRAFT ROAD SUITE 110                                  |                     |                                  |
| Mailing Address  |   |                     |                                  |
|  | LIVONIA   | , MI , ,            | 48150 , , ,                      |
|  |   |                     |                                  |
| Relationship:  | CITY▲   | STATE A             | ZIP CODE                         |
| Connected Organization   | X Affiliated Committee Joint Fundraising Represe                  | entative Lea        | dership PAC Sponsor              |
| Designated Agent   |   |                     | [ ADDITIONAL ]                   |
| Full Name  |   |                     |                                  |
| Mailing Address  |   |                     |                                  |
|  |   |                     |                                  |
|  |   |                     | _                                |
| Tille on Doction .   | OLTY A  |                     | 710.0005.4                       |
| Title or Position ▼  | CITY A  | STATE <b></b> ▲     | ZIP CODE A                       |
|  | Telephone r   | number              |                                  |
| Joint Fundraiser Participant                                   |   |                     | [ ADDITIONAL ]                   |
|  | FEC II  | number C            |                                  |

| Banks or Other Depositories: safety deposit boxes or maintain |   | mittee deposits funds, hold | s accounts, rents   |
|---|---|-----------------------------|---------------------|
| Name of Bank, Depository, etc.                                | o rundo.  | I                           | ADDITIONAL ]        |
|   |   |                             |                     |
| Mailing Address   |   |                             |                     |
| . <b>3</b>  |   |                             |                     |
|   |   |                             |                     |
|   |   |                             |                     |
|   | CITY 🗻  | STATE <b>⊿</b>              | ZIP CODE 🛕          |
| Name of Any Connected Orga                                    | unization, Affiliated Committee, Joint Fundraising Re | epresentative, or Leader    | [ ADDITIONAL ]      |
|   | 3365 RIDGE ROAD                                       |                             |                     |
| Mailing Address   | 400 100 000 000                                       |                             |                     |
|   | , RANSOMVILLE   | NIV                         | 14121               |
|   |   | L NY L                      | 14131               |
| elationship:  | CITY▲   | STATE A                     | ZIP CODE            |
| Connected Organization  | X Affiliated Committee Joint Fundraising Re           | epresentative Lead          | dership PAC Sponsor |
| Designated Agent  |   |                             | [ ADDITIONAL ]      |
| Full Name   |   |                             |                     |
| Mailing Address   |   |                             |                     |
| Mailing Address   |   |                             |                     |
|   |   |                             |                     |
|   |   |                             |                     |
| Title or Position ▼   | CITY A  | STATE▲                      | ZIP CODE A          |
|   | Telep   | hone number                 |                     |
| Later Franchist B. 19.1                                       | <u>`</u>  |                             | [ ADDITIONAL ]      |
| Joint Fundraiser Participant                                  |   |                             |                     |
|   | F   | FEC ID number               | <del> </del>        |

| Banks or Other Depositories<br>safety deposit boxes or maintai |   | ee deposits funds, ho | ds accounts, rents             |
|--|---|-----------------------|--------------------------------|
| Name of Bank, Depository, etc                                  |   |                       | [ ADDITIONAL ]                 |
|  |   |                       |                                |
| Mailing Address  |   |                       |                                |
|  |   |                       |                                |
|  |   |                       |                                |
|  |   |                       |                                |
|  | CITY 🛕  | STATE <b>⊿</b>        | ZIP CODE 🛕                     |
| Name of Any Connected Orc                                      | panization, Affiliated Committee, Joint Fundraising Repre | esentative, or Leade  | [ ADDITIONAL rship PAC Sponsor |
|  | S LOCAL 478 POLITICAL ACTION COMMITTEE                    | , 0. =0               | omp i sio oponiosi             |
|  |   |                       |                                |
|  |   |                       |                                |
| Mailing Address  | 1965 DIXWELL AVENUE                                       |                       |                                |
|  |   |                       |                                |
|  | HAMDEN  | CT                    | 06514                          |
|  | OLTVA   |                       | 71D 00D5 A                     |
| elationship:   | CITY  | STATE                 | ZIP CODE                       |
| Connected Organization   | X Affiliated Committee Joint Fundraising Repre            | esentative Lea        | adership PAC Sponsor           |
| Designated Agent   |   |                       | [ ADDITIONAL ]                 |
| Full Name  |   | <u> </u>              |                                |
| Mailing Address  |   |                       |                                |
| Walling Address  |   |                       |                                |
|  |   |                       |                                |
|  |   |                       |                                |
| Title or Position ▼  | CITY A  | STATE▲                | ZIP CODE A                     |
|  |   |                       |                                |
|  | Telephon  | e number              | <br>[ Additional ]             |
| Joint Fundraiser Participant                                   |   |                       | [ ADDITIONAL ]                 |
|  |   | C ID number C         |                                |

| Banks or Other Depositories: safety deposit boxes or maintains | List all banks or other depositories in which the committee | deposits funds, ho | olds accounts, rents              |
|--|---|--------------------|-----------------------------------|
| Name of Bank, Depository, etc.                                 |   |                    | [ ADDITIONAL ]                    |
|  |   |                    |                                   |
| Mailing Address  |   |                    |                                   |
|  |   |                    |                                   |
| L  |   |                    |                                   |
|  | CITY 🗖  | STATE <b>⊿</b>     | ZIP CODE 🛕                        |
|  | nization, Affiliated Committee, Joint Fundraising Repres    | entative, or Lead  | [ ADDITIONAL ] ership PAC Sponsor |
|  |   |                    |                                   |
| Mailing Address  | 1425 NW 36TH STREET   |                    |                                   |
|  | MIAMI   | FL L               | 33142<br>                         |
| Relationship:  | CITY  | STATE A            | ZIP CODE                          |
| Connected Organization   | X Affiliated Committee Joint Fundraising Repres             | sentative Le       | adership PAC Sponsor              |
| Designated Agent   |   |                    | [ ADDITIONAL ]                    |
| Full Name  |   |                    |                                   |
| Mailing Address  |   |                    |                                   |
|  |   |                    |                                   |
|  |   |                    |                                   |
| Title or Position ▼  | CITY A  | STATE              | ZIP CODE A                        |
|  | Telephone   | number             |                                   |
| Joint Fundraiser Participant                                   |   |                    | [ ADDITIONAL ]                    |
|  | FEC   | D number           |                                   |

| Banks or Other Depositories:<br>safety deposit boxes or maintain | List all banks or other depositories in which the comm<br>s funds. | ittee deposits funds, hol | ds accounts, rents             |
|--|--|---------------------------|--------------------------------|
| Name of Bank, Depository, etc.                                   |  |                           | [ ADDITIONAL ]                 |
|  |  |                           |                                |
| Mailing Address  |  |                           |                                |
|  |  |                           |                                |
|  |  |                           |                                |
|  |  |                           |                                |
|  | CITY 🛕   | STATE <b>∡</b>            | ZIP CODE 🛕                     |
| Name of Any Connected Orga                                       | nization, Affiliated Committee, Joint Fundraising Re               | presentative, or Leade    | [ ADDITIONAL rship PAC Sponsor |
|  |  |                           |                                |
| Mailing Address  | 1375 VIRGINIA DRIVE  |                           |                                |
|  |  |                           |                                |
|  | FORT WASHINGTON  |                           | 19034                          |
| elationship:   | CITY▲  | STATE A                   | ZIP CODE                       |
| Connected Organization   | X Affiliated Committee Joint Fundraising Re                        | presentative Lea          | dership PAC Sponsor            |
| Designated Agent   |  |                           | [ ADDITIONAL ]                 |
| Full Name  |  |                           |                                |
| Mailing Address  |  |                           |                                |
|  |  |                           |                                |
|  |  |                           | _                              |
| TO B 00 44   |  |                           |                                |
| Title or Position ♥  | CITY A   | STATE▲                    | ZIP CODE A                     |
|  | Teleph   | none number               |                                |
| Joint Fundraiser Participant                                     |  |                           | [ ADDITIONAL ]                 |
|  | l -  | EC ID number C            |                                |
|  |  | LO ID HUHIDEI             |                                |

| Banks or Other Depositories: safety deposit boxes or maintains | List all banks or other depositories in which the committee | deposits funds, ho | olds accounts, rents |
|--|---|--------------------|----------------------|
| Name of Bank, Depository, etc.                                 | Tallac.   |                    | [ ADDITIONAL ]       |
|  |   |                    |                      |
| Mailing Address  |   |                    |                      |
|  |   |                    |                      |
|  |   |                    |                      |
|  | CITY 🗖  | STATE. <b>△</b>    | ZIP CODE 🛕           |
|  | nization, Affiliated Committee, Joint Fundraising Repres    |                    |                      |
| INTERNATIONAL UNION  | OF OPERATING ENGINEERS, LOCAL 545, 545C                     | AND 545D VOL       | UNTARY PAC           |
|  |   |                    |                      |
| Mailing Address  | 127 EAST GLEN AVENUE  |                    |                      |
|  | SYRACUSE  | NY                 | 13205<br>            |
| Relationship:  | CITY▲   | STATE A            | ZIP CODE A           |
| Connected Organization   | X Affiliated Committee Joint Fundraising Repres             | entative Le        | adership PAC Sponsor |
| Designated Agent   |   |                    | [ ADDITIONAL ]       |
| Full Name  |   |                    |                      |
| Mailing Address  |   |                    |                      |
|  |   |                    |                      |
|  |   |                    |                      |
| Title or Position ▼  | CITY A  | STATE <b></b> ▲    | ZIP CODE A           |
|  | Telephone   | number             |                      |
| Joint Fundraiser Participant                                   |   |                    | [ ADDITIONAL ]       |
|  | FEC II  | D number C         |                      |

| Name of Bank, Depository, etc.       | ns funds.  |                 | [ ADDITIONAL ]                 |
|--------------------------------------|--|-----------------|--------------------------------|
|                                      |  |                 |                                |
|                                      |  |                 |                                |
| Mailing Address                      |  |                 |                                |
|                                      |  |                 |                                |
|                                      |  |                 |                                |
|                                      | CITY 🗖   | STATE <b>⊿</b>  | ZIP CODE 🛕                     |
|                                      | panization, Affiliated Committee, Joint Fundraising Repr |                 | [ ADDITIONAl rship PAC Sponsor |
|                                      | <u> </u>   | 1               |                                |
|                                      |  |                 |                                |
| Mailing Address                      | 6408 W. PLANK ROAD                                       |                 |                                |
|                                      |  |                 |                                |
|                                      | PEORIA   | ]               | 61604                          |
| ationship:                           | CITY   | STATE A         | ZIP CODE                       |
| Connected Organization               | X Affiliated Committee Joint Fundraising Repr            | resentative Lea | dership PAC Sponsor            |
| Designated Agent                     |  |                 | [ ADDITIONAL ]                 |
| Full Name                            |  |                 |                                |
|                                      |  |                 |                                |
| Mailing Address                      |  |                 |                                |
| Mailing Address  Title or Position ▼ | CITY A   | STATE▲          | ZIP CODE A                     |
|                                      |  | STATE∡          | ZIP CODE &                     |
|                                      |  |                 | ZIP CODE &                     |

| Banks or Other Depositories: safety deposit boxes or maintains | List all banks or other depositories in which the committee | e deposits funds, hol | ds accounts, rents  |
|--|---|-----------------------|---------------------|
| Name of Bank, Depository, etc.                                 | , rando.  |                       | [ ADDITIONAL ]      |
|  |   |                       |                     |
| Mailing Address  |   |                       |                     |
|  |   | 1 1 1 1 1 1           |                     |
|  |   |                       |                     |
|  | CITY 🛕  | STATE <b>⊿</b>        | ZIP CODE 🛕          |
|  | nization, Affiliated Committee, Joint Fundraising Repre     |                       |                     |
|  |   |                       |                     |
| Mailing Address  | 65 SPRINGFIELD AVENUE                                       |                       |                     |
|  | SPRINGFIELD   | NJ L                  | 07081               |
| Relationship:  | CITY▲   | STATE A               | ZIP CODE            |
| Connected Organization   | X Affiliated Committee Joint Fundraising Repre              | esentative Lea        | dership PAC Sponsor |
| Designated Agent   |   |                       | [ ADDITIONAL ]      |
| Full Name  |   |                       |                     |
| Mailing Address  |   |                       |                     |
|  |   |                       | _                   |
| Title or Position ▼  | CITY A  | STATE <b>∆</b>        | ZIP CODE A          |
|  | Telephon  | ne number             |                     |
| Joint Fundraiser Participant                                   |   |                       | [ ADDITIONAL ]      |
|  | FEC   | C ID number C         |                     |

| Banks or Other Depositories: safety deposit boxes or maintains | List all banks or other depositories in which the committees funds | deposits funds, ho | olds accounts, rents                 |
|--|--|--------------------|--------------------------------------|
| Name of Bank, Depository, etc.                                 | o rando.   |                    | [ ADDITIONAL ]                       |
|  |  |                    |                                      |
| Mailing Address  |  |                    |                                      |
|  |  | 1 1 1 1 1          |                                      |
|  |  |                    |                                      |
|  | CITY 🗻   | STATE. <b>△</b>    | ZIP CODE 🛕                           |
| Name of Any Connected Orga                                     | nization, Affiliated Committee, Joint Fundraising Repres           | entative, or Lead  | [ ADDITIONAL ]<br>ership PAC Sponsor |
| INTERNATIONAL UNION  | OF OPERATING ENGINEERS VOLUNTARY POLI                              | TICAL ACTION       | FUND - LOCAL 832                     |
|  |  |                    |                                      |
| Mailing Address  | P.O. BOX 93310 TOWN LINE ROAD                                      |                    |                                      |
|  |  |                    |                                      |
|  | ROCHESTER  | L NY               | 14692<br>                            |
| Relationship:  | CITY▲  | STATE A            | ZIP CODE                             |
| Connected Organization   | X Affiliated Committee Joint Fundraising Repres                    | sentative Le       | eadership PAC Sponsor                |
| Designated Agent   |  |                    | [ ADDITIONAL ]                       |
| Full Name  |  |                    |                                      |
| Mailing Address  |  |                    |                                      |
|  |  |                    |                                      |
|  |  |                    |                                      |
| Title or Position ♥  | CITY A   | STATE <b>∆</b>     | ZIP CODE A                           |
|  | Telephone  | number             |                                      |
| Joint Fundraiser Participant                                   |  |                    | [ ADDITIONAL ]                       |
|  |  | ID number C        |                                      |

| Banks or Other Depositories: safety deposit boxes or maintain | List all banks or other depositories in which the committee<br>s funds | e deposits funds, | holds accounts, rents  |
|---|--|-------------------|------------------------|
| Name of Bank, Depository, etc.                                |  |                   | [ ADDITIONAL ]         |
|   |  |                   |                        |
| Mailing Address   |  |                   |                        |
|   | L  |                   |                        |
|   |  | 1 . 1             |                        |
|   |  |                   |                        |
|   | CITY 🛕   | STATE∡            | ZIP CODE 🛕             |
|   | nization, Affiliated Committee, Joint Fundraising Repres               |                   |                        |
|   | 1 111 WASHINGTON AVENUE SUITE 201                                      |                   |                        |
| Mailing Address   |  |                   |                        |
|   | ALDANY   |                   | 10010                  |
|   | ALBANY   | NY                | 12210                  |
| elationship:  | CITY▲  | STATE A           | ZIP CODE               |
| Connected Organization  | X Affiliated Committee Joint Fundraising Repre                         | sentative         | Leadership PAC Sponsor |
| Designated Agent  |  |                   | [ ADDITIONAL ]         |
| Full Name   |  |                   |                        |
| Mailing Address   |  |                   |                        |
|   |  |                   |                        |
|   |  |                   |                        |
| Title or Position ▼   | CITY A   | STATE <b></b> ▲   | ZIP CODE A             |
|   | Telephone  | e number          |                        |
| Joint Fundraiser Participant                                  |  |                   | [ ADDITIONAL ]         |
|   | FEC  | ID number         |                        |

| Banks or Other Depositories: safety deposit boxes or maintains | List all banks or other depositories in which the committee | e deposits funds, ho | olds accounts, rents |
|--|---|----------------------|----------------------|
| Name of Bank, Depository, etc.                                 | Turius.   |                      | [ ADDITIONAL ]       |
|  |   |                      |                      |
| Mailing Address  |   |                      |                      |
|  |   | 1 1 1 1 1            |                      |
| l  |   |                      |                      |
|  | CITY 🛕  | STATE <b>⊿</b>       | ZIP CODE 🛕           |
|  | nization, Affiliated Committee, Joint Fundraising Repres    |                      |                      |
|  |   |                      |                      |
| Mailing Address  | 111 ZETA DRIVE  |                      |                      |
|  | PITTSBURGH  | PA L                 | 15238                |
| delationship:  | CITY▲   | STATE A              | ZIP CODE             |
| Connected Organization   | X Affiliated Committee Joint Fundraising Repres             | sentative Le         | adership PAC Sponsor |
| Designated Agent   |   |                      | [ ADDITIONAL ]       |
| Full Name  |   |                      |                      |
| Mailing Address  |   |                      |                      |
|  |   |                      |                      |
|  |   |                      |                      |
| Title or Position ▼  | CITY A  | STATE <b>∆</b>       | ZIP CODE A           |
|  | Telephone   | number               |                      |
| Joint Fundraiser Participant                                   |   |                      | [ ADDITIONAL ]       |
|  | FEC   | ID number C          |                      |

|   | illee deposits fullus, flor   | us accounts, rents   |
|---|---|--|
| ····  |   | [ ADDITIONAL ]   |
| rust Bank   |   |  |
| Post Office Box 85024                                   |   |  |
|   |   |  |
|   |   |  |
| Richmond  | VA  | 23285   _  |
|   |   |  |
| CITY 🛕  | STATE <b>⊿</b>  | ZIP CODE 🛕   |
|   |   | [ ADDITIONAI   |
| ganization, Affiliated Committee, Joint Fundraising Rep | presentative, or Leade  | rship PAC Sponsor  |
| N OF OPERATING ENGINEERS                                |   |  |
|   |   |  |
| 1125 17TH CTREET NW                                     |   |  |
| 1123 1/111 STREET, NW                                   |   |  |
|   |   |  |
| WASHINGTON  | l DC l l  | 20036  |
|   |   |  |
| CITY  | STATE A   | ZIP CODE   |
| Affiliated Committee Joint Fundraising Rep              | presentative Lea  | dership PAC Sponsor  |
|   |   | [ ADDITIONAL ]   |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
| CITY A  | STATE <b>∆</b>  |  |
| CITY A  | STATE.  |  |
|   | STATE <b>&amp;</b> one number   | ZIP CODE <b>A</b>  |
|   |   | ZIP CODE &   |
| i :   | rust Bank  Post Office Box 85024  Richmond  CITY   ganization, Affiliated Committee, Joint Fundraising Report NOF OPERATING ENGINEERS  1125 17TH STREET, NW  WASHINGTON  CITY | rust Bank  Post Office Box 85024  Richmond  CITY  STATE   ganization, Affiliated Committee, Joint Fundraising Representative, or Leader N OF OPERATING ENGINEERS  1125 17TH STREET, NW  WASHINGTON  DC  CITY  STATE  STATE |

| Banks or Other Depositories: safety deposit boxes or maintains | List all banks or other depositories in which the committee   | e deposits funds, he | olds accounts, rents              |
|--|---|----------------------|-----------------------------------|
| Name of Bank, Depository, etc.                                 | Tallas.   |                      | [ ADDITIONAL ]                    |
|  |   |                      |                                   |
| Mailing Address  |   |                      |                                   |
| L  |   |                      |                                   |
| l  |   |                      |                                   |
|  | CITY 🛕  | STATE_               | ZIP CODE 🛕                        |
|  | nization, Affiliated Committee, Joint Fundraising Representing Engineers Local 57 Political Action Fund |                      | [ ADDITIONAL ] ership PAC Sponsor |
|  |   |                      |                                   |
| Mailing Address  | 141 Gano Street   |                      |                                   |
|  | Providence  | RI                   | 02906                             |
| Relationship:  | CITY▲   | STATE A              | ZIP CODE                          |
| Connected Organization   | X Affiliated Committee Joint Fundraising Repres   | sentative Le         | eadership PAC Sponsor             |
| Designated Agent   |   |                      | [ ADDITIONAL ]                    |
| Full Name  |   |                      |                                   |
| Mailing Address  |   |                      |                                   |
|  |   |                      |                                   |
|  |   |                      |                                   |
| Title or Position ▼  | CITY A  | STATE <b> ▲</b>      | ZIP CODE A                        |
|  | Telephone   | e number             |                                   |
| Joint Fundraiser Participant                                   |   |                      | [ ADDITIONAL ]                    |
|  | FEC   | ID number C          |                                   |

| Banks or Other Depositories: safety deposit boxes or maintains | List all banks or other depositories in which the commit | tee deposits funds, ho | lds accounts, rents  |
|--|--|------------------------|----------------------|
| Name of Bank, Depository, etc.                                 | , rando.   |                        | [ ADDITIONAL ]       |
|  |  |                        |                      |
| Mailing Address  |  |                        |                      |
|  |  |                        |                      |
|  |  |                        |                      |
|  | CITY 🛕   | STATE <b>⊿</b>         | ZIP CODE 🛕           |
| Name of Any Connected Orga<br>Stationary Engineers Loc         | nization, Affiliated Committee, Joint Fundraising Repo   | resentative, or Leade  | [ ADDITIONAL ]       |
|  |  |                        |                      |
| Mailing Address  | 1620 North Boulevard                                     |                        |                      |
|  | Sacramento   | CA L                   | 95834                |
| Relationship:  | CITY▲  | STATE A                | ZIP CODE             |
| Connected Organization   | X Affiliated Committee Joint Fundraising Rep             | resentative Lea        | adership PAC Sponsor |
| Designated Agent   |  |                        | [ ADDITIONAL ]       |
| Full Name  |  |                        |                      |
| Mailing Address  |  |                        |                      |
|  |  |                        |                      |
|  |  |                        |                      |
| Title or Position ▼  | CITY A   | STATE₄                 | ZIP CODE A           |
|  |  | one number             |                      |
| Joint Fundraiser Participant                                   |  |                        | [ ADDITIONAL ]       |
|  | FE   | C ID number            |                      |

| Banks or Other Depositories: safety deposit boxes or maintains | List all banks or other depositories in which the com<br>s funds. | imittee deposits funds, hold | s accounts, rents   |
|--|---|------------------------------|---------------------|
| Name of Bank, Depository, etc.                                 |   | [                            | ADDITIONAL ]        |
|  |   |                              |                     |
| Mailing Address  |   |                              |                     |
|  |   | <u> </u>                     |                     |
|  |   |                              |                     |
|  | CITY 🗻  | STATE₄                       | ZIP CODE 🛕          |
|  | nization, Affiliated Committee, Joint Fundraising R               | _                            |                     |
|  |   |                              |                     |
| Mailing Address  | Brooklyn Navy Yard  |                              |                     |
|  | 63 Flushing Avenue, Building 292,                                 |                              |                     |
|  | Brooklyn  | NY L                         | 11205<br>           |
| elationship:   | CITY▲   | STATE A                      | ZIP CODE            |
| Connected Organization   | X Affiliated Committee Joint Fundraising F                        | Representative Lead          | dership PAC Sponsor |
| Designated Agent   |   |                              | [ ADDITIONAL ]      |
| Full Name  |   |                              |                     |
| Mailing Address  |   |                              |                     |
| •  |   |                              |                     |
|  |   |                              | _                   |
| Title or Position ▼  | CITY A  | STATE <b>∆</b>               | ZIP CODE A          |
|  | Tele  | phone number                 |                     |
| Joint Fundraiser Participant                                   |   |                              | [ ADDITIONAL ]      |
|  |   | FEC ID number                |                     |

| Banks or Other Depositories: safety deposit boxes or maintains | List all banks or other depositories in which the committee | deposits funds, ho | olds accounts, rents              |
|--|---|--------------------|-----------------------------------|
| Name of Bank, Depository, etc.                                 | Tallas.   |                    | [ ADDITIONAL ]                    |
|  |   |                    |                                   |
| Mailing Address  |   |                    |                                   |
| L  |   |                    |                                   |
| l  |   |                    |                                   |
|  | CITY 🗻  | STATE <b>⊿</b>     | ZIP CODE 🛕                        |
|  | nization, Affiliated Committee, Joint Fundraising Repres    |                    | [ ADDITIONAL ] ership PAC Sponsor |
|  |   |                    |                                   |
| Mailing Address  | 6801 South U.S. 41  |                    |                                   |
|  | Terre Haute   | IN L               | 47802<br>                         |
| Relationship:  | CITY  | STATE A            | ZIP CODE                          |
| Connected Organization   | X Affiliated Committee Joint Fundraising Repres             | entative Le        | adership PAC Sponsor              |
| Designated Agent   |   |                    | [ ADDITIONAL ]                    |
| Full Name  |   |                    |                                   |
| Mailing Address  |   |                    |                                   |
|  |   |                    |                                   |
| Title or Position ♥  | CITY A  | STATE &            | ZIP CODE A                        |
|  | Telephone   | number             |                                   |
| Joint Fundraiser Participant                                   |   |                    | [ ADDITIONAL ]                    |
|  | FEC I   | D number C         |                                   |

| Banks or Other Depositories: safety deposit boxes or maintain | List all banks or other depositories in which the committee<br>s funds                    | e deposits funds, h | nolds accounts, rents            |
|---|---|---------------------|----------------------------------|
| Name of Bank, Depository, etc.                                |   |                     | [ ADDITIONAL ]                   |
|   |   |                     |                                  |
| Mailing Address   |   | 1 1 1 1 1           |                                  |
|   |   | 1 1 1 1 1 1         |                                  |
|   |   |                     |                                  |
|   | CITY 🛕  | STATE. <b>△</b>     | ZIP CODE 🛕                       |
|   | nization, Affiliated Committee, Joint Fundraising Repres<br>perating Engineers, Local 501 | sentative, or Lead  | [ ADDITIONAL dership PAC Sponsor |
|   |   |                     |                                  |
| Mailing Address   | 2405 West 3rd Street  |                     |                                  |
|   | Los Angeles   | CA                  | 90057                            |
| elationship:  | CITY▲   | STATE A             | ZIP CODE                         |
| Connected Organization  | X Affiliated Committee Joint Fundraising Repre  | sentative L         | eadership PAC Sponsor            |
| Designated Agent  |   |                     | [ ADDITIONAL ]                   |
| Full Name   |   |                     |                                  |
| Mailing Address   |   |                     |                                  |
|   |   |                     |                                  |
| Title or Position ♥   | CITY A  | STATE <b>&amp;</b>  | ZIP CODE A                       |
|   | Telephone   | e number            |                                  |
| Joint Fundraiser Participant                                  |   |                     | [ ADDITIONAL ]                   |
|   | FEC   | ID number C         |                                  |